

THE

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, JANUARY 3, 1885.

Original.

ACUTE CATARRHAL LARYNGITIS.

BY W. CHEATHAM, M.D.

Lecturer on Diseases of the Eye, Ear, and Throat, University of Louisville; Eye, Ear, and Throat Physician to Masonic Widows and Orphans' Home.

I have lately had a run of cases presenting the above affection, and think it well to lay before the readers of the News a method of treatment which in my hands has given the best results.

The lining membrane of the larynx, like other mucous membranes, is liable to inflammation in consequence of undue exposure to cold and irritating substances, such as smoke, dust, etc. The disease here, as in other situations (the eye, the nose, the pharynx, etc.), passes through the usual stages; first there is excessive dryness, and then hypersecretion. The various symptoms which characterize the disease, such as huskiness of the voice, a sensation of constriction, cough, etc. are the results of the several stages through which the inflammation runs.

I can not better illustrate the foregoing proposition than by copying from my notebook the history of a patient treated within the last week.

A gentleman was riding by rail, and finding the atmosphere of the car very close and warm, he raised the window by which he was sitting, the cold air being thus permitted to play for a considerable time upon the side of his head and neck. This was in the morning; in the afternoon of the same day his voice became husky and his throat very dry, with some difficulty in inspiration. During the night his symptoms increased. I saw him on the following morning. His expression was anxious. He could speak with difficulty only. There was no expectoration, although he had a constant sen-

sation as of the presence of something in the larynx that ought to be expelled. The constant effort which he was making to displace this supposed foreign body of course served only to increase the local trouble.

An examination by laryngoscope showed an intensely congested larynx, with some edema over the epiglottis and arytenoid cartilages. The loss of voice, sense of constriction, and difficult inspiration were now easily explained. A question bearing upon the last-named symptom might be properly asked at this point. Why should we have in these cases difficult inspiration with normal expiration? The answer is easy if we note that the in-going current of air, pressing on the edematous membrane over the arytenoid cartilages, gives them a valvular action which is not possible in expiration.

This is, however, not a typical case of catarrhal laryngitis. I am glad to say that so severe an attack is comparatively rare, and that when such cases do occur they are usually classified as edematous laryngitis; but nevertheless I prefer to call the above a case of acute catarrhal laryngitis, with edema of larynx.

The diagnosis being clear, I placed the patient on the following treatment: First, a good purge of Crab-Orchard salts was given, and followed by quinine in heavy doses. To allay the cough I ordered laudanum and combined it with squills to prevent the drying effect of the opiate upon the mucous membranes.

Before prescribing these medicines I ordered that the patient be put to bed in a room having a temperature of from 75° to 80° F., the air being kept moist by means of two tea-kettles on a gas stove. In each tea-kettle were put two pints of water, one tablespoonful of compound tincture of benzoin, and a dessertspoonful of turpentine, the benzoin and turpentine to be added every three hours. Every two hours the patient was to cover his head with a towel,

and, placing his face close to the kettle, inhale the steam for ten minutes. Over the larynx externally I had applied several times during the day the comp. iodine ointment. Under this management the urgent symptoms soon began to subside, and the second stage, that of hypersecretion, soon set in, with great comfort to the patient. The laryngoscope showed rapid subsidence of the edema. In this, as in acute catarrhal conjunctivitis, I reserve astringents for use in the latter part of the second and throughout the third stage.

This treatment was carried out for several days, after which time it was gradually withdrawn. I now applied, by means of the cotton-holder, alum gr. xv, aqua dest. $\frac{3}{4}$ j.

The patient made a rapid recovery, and was discharged with instructions as to the wearing of flannel next to the skin, the use of the cold bath, with after-friction, etc., to prevent a relapse.

As before stated, the above is an unusually severe case of this type of disease. The edema is rare in the adult, but less so in the child, whose sub-mucous tissue is much more loose, and consequently more inviting to exudations. We may, however, have much more severe complications from edema, extending even so far as to necessitate tracheotomy when not relieved by scarification, etc.

In view of the prevalence of laryngeal troubles at this time, I am inclined to lay great stress upon the importance of a clear understanding of their proper management, not only that urgent symptoms may be promptly relieved, but also that the disease may be prevented from going on into chronic laryngitis.

One great difficulty in the management of these cases arises from the impossibility of giving rest to the parts; for of course a man is compelled to breathe, and the air he inhales is usually loaded with irritant substances which tend to keep up the inflammation. Only a short time ago I saw the marvelous effect of rest upon an inflamed larynx. The patient was suffering from tertiary syphilis and phthisis. He had almost lost his voice from a chronic laryngitis with great hypertrophy of the mucous membrane. The cartilages were not involved, but there was paresis of the posterior arytenoid muscles. For the relief of this case tracheotomy was performed and a tube introduced. The lung trouble progressed rapidly, but the tube was worn for some weeks, no local treatment being applied to the

throat. When the tube was removed the voice was nearly perfect and the larynx wonderfully improved in appearance. The patient died of phthisis shortly afterward.

From the use of cocaine in acute catarrhal laryngitis I obtain for my patients great relief. One of the properties of this drug, as is well known, is the blanching of the mucous surface to which it is applied. It not only does this, but it relieves the pain, and thus removes one of the most serious factors of the affection. One great difficulty attendant upon the use of the cocaine is the brevity of its action. We can not see our patients often enough to keep up its effects. Mr. J. A. Flexner, of this city, has made an oleate of cocaine which may serve to obviate the difficulty. I shall soon give it a trial.

In conclusion I may sum up my treatment of acute catarrh of the larynx as follows: The purge, quinine, laudanum with squills, and the steam loaded with benzoin and turpentine should be employed in the early stages; the astringents—alum, pinus canadensis, nitrate of silver, and tannate of glycerine—in the latter stages.

LOUISVILLE.

TREATMENT OF TYPHOID FEVER.*

BY TURNER ANDERSON, M.D.

Prof. of Materia Medica and Therapeutics, University of Louisville.

There is no disease which presents a greater variety of symptomatic phenomena or peculiarities than typhoid fever. The first question bearing upon treatment, exclusive of questions of prophylaxis, which concern boards of health and the physicians only so far as relates to extension to other members of the family in which disease occurs—both of which are mentioned only because of their great importance—is the importance of an early diagnosis, which should, if possible, be made without the aid of quinine.

Much of the subsequent muscular debility may be avoided by an early taking to bed, and the maintenance of the recumbent position throughout in a room the temperature of which is uniform at about 65° F. The general treatment may now be regulated by the stage of the disease and its character. I may say that of the several septenary periods, the first week is the one of greatest

*Remarks before the Louisville Medical Society, Dec. 18 1884. For discussion see page 11.

discomfort and suffering, and frequently requires treatment even when the disease promises to be mild, for the relief of the one and only constant symptom of all cases, cephalalgia.

It is my habit to inquire carefully into the state of the alimentary canal, both its present and past condition for some time previous, as regards constipation. If the onset has been sudden, with high temperature from the beginning, constipation from arrested secretion is the rule, and I order one calomel purge; it has appeared to me to act better than any thing else, and is selected only perhaps because it is the recognized cathartic in fever. If the disease has been ushered in in the usual way by prodromes, and there is diarrhea, or a tendency to looseness of the bowels, the purge is omitted, and subsequent constipation relieved by enema. Water, either acidulated or not, as the patient may prefer, is given as freely as desired at all times, and used externally by sponging, and as a means of applying cold to the head. To control headache I give opium and bromide of potassium.

I do not insist on the administration of much food; of course I use nutriment in a liquid form only, and give the preference to home-made animal broth and milk diluted freely with Vichy water. The soda of the Vichy acts beneficially in correcting the acidity frequently present as a result of the fermentative decomposition of undigested particles, and I find the combination agreeable to most patients.

When the earlier stages of the disease have been passed in as comfortable a manner as possible, no effort having been made by the use of any specific medication looking toward an abortion of its duration, I fully recognize that the duty of the physician relates only to management with reference to a spontaneous termination. I therefore give no medicine, being content, in many cases, to rely on good nursing, plenty of water and limited quantities of liquid food, frequent change of body and bed linen, and absolute recumbency.

We recognize the disease as mild or severe in proportion to the elevation of the temperature; where the temperature is high for a long period great muscular debility is pronounced, and marked prostration results. For the management of a high temperature I rely on the external use of water as an antipyretic agent. I use the sponge-bath either with water alone at an

ordinary temperature or, if much restlessness exists, with the addition of vinegar, directing the bath to be given at the time when the fever is ordinarily the highest, say 3 P. M. I have but little faith in the beneficial action of certain popular agents in use for the reduction of febrile temperature, such, for instance, as salicylate of sodium, quinine, etc. The reduction of temperature is not permanent, and can be equally well accomplished by the physical abstraction of heat through sponging, etc., without the disagreeable sedative effects of antipyretic drugs. All cases do not, however, progress toward a favorable termination with these simple measures alone, and the physician is expected to and can do more in the management of cases less favorably disposed to a successful termination. In these I am certainly fond of the use of certain medicines, and I would classify these agents according to my estimate of their value, as follows: (1) alcohol, (2) opium, (3) turpentine, (4) digitalis.

The first of these agents is given in the form of whisky combined with milk in definite quantities and at stated intervals. It is, in my judgment, one of the nicest points in medical practice to determine at what period of the disease alcohol becomes necessary. I rarely find it useful before the end of the second week, and am guided in its administration by the usual evidences of exhaustion and the ability of the patient to assimilate liquid food in sufficient quantities to sustain the organism. Where only very little nourishment can be appropriated it has proven, in my hands, invaluable, and I have never found it necessary to use more than three ounces of alcohol in whisky *per diem*. Next to alcohol I regard opium of value; I use it in all stages of the disease to control sleeplessness, relieve discomfort, and, when but little food is appropriated, to sustain the system. I never allow my patients to suffer from insomnia, and experience teaches me that in cases characterized by evidences of cardiac exhaustion, such as cyanosis, embarrassed respiration, etc., it does more good when used with alcohol than any other agent.

Just here I may refer to the fact of which I am well aware, that bronchitis and pulmonary congestion are recognized contra-indications for the use of opium. Ordinarily and in primary bronchitis this I believe to be true, but occurring in typhoid fever, and associated with great cardiac weakness, its stimulating influence

upon the circulatory system has seemed in many of my cases to counterbalance all injurious effects—contra-indications. Several cases which had received but poor attention, both as regards nursing and medical advice, have fallen under my care in the latter periods of the disease, sleepless, tympanitic and with diarrhea and marked objective evidences of embarrassed respiration and circulation, in which as a last resort I have used opium freely, and by producing sleep have substituted the swollen, flushed opium countenance for the cyanosis and pinched, drawn expression of countenance of impending dissolution, and promptly established convalescence without other treatment except the use of whisky. And, having seen opium act thus beneficially in cases presenting some of the recognized contra-indications for the use of opium, I have been led to suspect that there may be something peculiar about the form of pulmonary trouble seen in typhoid fever, and would simply suggest as a possible explanation that it is not an inflammatory condition, but a spasmodic dyspnea, dependent upon the effect of retained urea or other effete materials in the blood, so affecting the nerve centers as to produce bronchial spasm. The sibilant râles and other physical signs heard in auscultating the lungs are not inconsistent with this idea, and the subsequent expectoration which so constantly follows ordinary primary bronchitis is not seen in the affection as it occurs during typhoid fever.

I hope to have this point discussed, and would be pleased to know what theories any of the fellows entertain upon this question, and whether all accept what I believe is recognized as the teaching of orthodox authority, that the pulmonary trouble is caused by an effort at elimination of the typhoid poison.

Turpentine is used for the relief of abdominal tympanites and as a cardiac stimulant and hemostatic in hemorrhage from the bowels. For the latter I use one single dose of a dessertspoonful and a full dose of opium. Digitalis is occasionally indicated to correct cardiac irregularity and intermittency of pulse, and has in these cases, where frequency of pulse, without other alarming coexistent symptoms, indicated great illness, done much good.

In concluding these remarks which I have felt called on to make to the Society, I must apologize for having consumed so much time. The successful management of the

disease requires the most careful attention to all details bearing on treatment, and should receive the most patient attention of the physician in his instructions to friends and nurses who have the care of the case. The subject is so suggestive of thought that one hardly knows where to begin and perhaps forgets where it were best to end.

LOUISVILLE, KY.

Miscellany.

MURIATE OF COCAINE.—We are informed by Dr. J. W. Stone, representative of Messrs. Parke, Davis & Co., Manufacturing Chemists, of Detroit and New York, that his house recently quoted muriate of cocaine at \$6 per gram, or forty five cents per grain in five- and ten-grain bottles. They have also put on the market a four-per-cent solution, ready for use, in one-eighth ounce vials at \$1 per vial. As it is now pretty well understood that cocaine has come to stay, it is interesting to know of its future price. Messrs. Parke, Davis & Co. report an enormous demand, and that the present high price depends only on the exhaustion of stocks and actual scarcity of the article. Their large orders, which were promptly placed in the foreign markets, are only partially filled, while the demand is double the supply. The stocks of coca leaves have been exhausted both in this country and Europe, and prices will undoubtedly advance until the receipt of new consignments of leaves from Bolivia and Peru, and the manufacture of the alkaloid therefrom.

Messrs. Parke, Davis and Co., being the first to manufacture and put on the market fluid and solid extract of coca and to introduce it as such and in form of pills to the profession in Europe and America, may be permitted to indulge in a little pardonable pride at the present condition of affairs, as under their continued effort the demand for coca has increased to an extent that induced the manufacture of the alkaloid, and the resulting discovery of its great value as a local anesthetic.

Certainly the profession in this country is to be congratulated upon the existence in America of a firm controlling the capital and facilities, and displaying the energy and business capacity for which Messrs. Parke, Davis & Co. are noted throughout the world, and the employment by them of

this capital and energy in the development of new therapeutic agents, such as eucalyptus, grindelia robusta, gurana, jaborandi, and their last and crowning triumph, coca leaves, all of which are now officinal, and largely used in this country and Europe. The history of the introduction by this house of some of the most valuable of new remedies would not be without interest. We all remember the at one time sharp denunciation of cascara sagrada, and only a few months ago Dr. Squibb claimed that the entire present stock of coca leaves was valueless, yet that same stock is now consumed in the manufacture of cocaine. And when we note that the derivatives of tea, coffee, and guarana, recommended as efficient substitutes for coca leaves, have none of the anesthetic qualities of the muriate of cocaine, it is evident that if trial were postponed until the scientists were agreed upon the relative merits of drugs, the practitioner would have to wait long for many of his most valuable medicines. The anesthetic properties of muriate of cocaine were accidentally discovered by a student, in the most accidental manner.

LISTERINE.—As a deodorant and antiseptic for the sick-room and dentist's office listerine stands pre-eminent. While it is equal to any and superior to most of the agents commonly used under such circumstances, it adds an agreeable aroma instead of an offensive odor to the surroundings; and it is particularly well adapted to the lying-in room. It may be freely used in spray or lotion without stain or irritation as an agreeable and effectual detergent. It is also specially commendable in weak solution as a mouth wash and gargle for apthous sores or a fungus condition of the gums, and bad breath; and for certain forms of indigestion—those accompanied by disagreeable eructations—a few drops of listerine in water swallowed is a particularly grateful and excellent remedy. Moreover, according to a series of Experiments upon the Strength of Antiseptics, by Dr. A. T. Cabot (Boston Medical and Surgical Journal, November 27, 1879), listerine compares favorably with the most reliable agents for the rapid destruction of micro-organisms.—*The Sanitarian*, October, 1884.

[We have recently seen the happy effect of listerine in the tympinites of typhoid fever. The listerine was mixed with an equal quantity of water, and thus diluted was given in doses of a teaspoonful every

two hours. The medicine was agreeable to the patient, and the intestinal distention was promptly relieved.]

DR. F. H. ENDERS DEAD.—A dispatch from Wailuku, Sandwich Islands, announces the death of this estimable gentleman.

The fatal disease was acute dysentery, and the death took place on the 29th of December.

Dr. Enders was an able and successful practitioner, a learned physician and a graceful writer. His frequent instructive contributions to the Louisville Medical News, relative to diseases more or less common in the Islands, though not indigenous in the United States, have made his name familiar to our readers.

PROF. WM. DARLING, A.M., M.D., LL.D., F.R.C.S., Edinburgh, Professor of Anatomy in the University of New York, died recently at his home in that city. He was one of the most celebrated teachers of anatomy in the land. He dies at an advanced age.

THE LOUISVILLE MEDICAL HERALD has secured the services of Dr. M. F. Coomes upon its editorial staff. Dr. Coomes is a graceful writer, and a gentleman of learning and fine culture. The Herald is in luck, and shall be congratulated.

TEMPERANCE AND CHASTITY.—The phenomenon of "blushing," *i. e.*, the reddening of the cheeks, and often the neck and breast in women, is connected more or less with a similar "blushing," if I may so express it, of the ovary. The sexual orgasm is the highest, the most intense expression of this symptom, wherein the active hyperemia of the ovary leads, through the exaltation of the energy of the sympathetic system, to a relaxation of the arterioles of the superficies, and produces first a blushing, and then a profuse perspiration. Similarly, though in a minor degree, transient and, it may be, slight sensations, having relations more or less remote to sexual emotions, calling up the mental impressions of love, shame, or mere embarrassment, are reflected to the skin of the upper region, and the passing wave of maidenly blush is the tell-tale of the mental impression produced.

These transient ovarian blushes, or temporary congestions, when occurring with a frequency that is beyond what may be deemed normal, tend eventually to set up disease in those glands; and we not unfre-

quently see, where the sexual feelings have been to a certain extent called forth and then repressed, as in an engagement to marry suddenly broken off, that a train of mischief is set up that tends to the development of ovarian tumor. Hence long engagements are physically bad, and breaches of promise fraught with actual harm.

Alcohol administered in sufficient doses relaxes the superficial arterioles, and also, in some way, whether directly through the brain, or reflectively through the sympathetic system, gives increased energy to the organs of reproduction. Hence the misery and crime that so often are the outcome of indulgence in alcoholic beverages, as witnessed by the increase of immorality at seasons of special festivity, a tendency that is too often set forth in the ribald songs that disgrace such seasons of debauch. The total abstinence from alcohol would, therefore, do more to keep women pure, humanly speaking, than any sort of argument, or bushels of advice.—*Dr. Heywood Smith, in the Medical Press and Circular.*

CAUSATION OF LABOR.—Mr. Lawson Tait (*Medical Times and Gazette*), in speaking of the causation of labor, says that evidence is constantly growing to conclusively establish the fact that the ripening and bursting of the Graafian follicle has nothing whatever to do with the periodical phenomena grouped under the term menstruation. Whether the immediate agent exists within the fallopian tube, as I suspicion, I am certain it is not in the ovaries. A great deal that has been assumed on this subject would have to be abandoned, especially in reference to time occupied in the maturing of the follicle. That the uterus has any effect in determining the time of labor can be easily disproved. A strong proof against the ovular theory of menstruation is that the removal of one ovary does not disturb either the periodicity or frequency of menstruation or labor; again, the removal of cystic ovaries during pregnancy rarely if ever interferes with its continuation until full term.

If we accept the theory of an inherited tendency to terminate labor at the beginning of the tenth month, we are still in the dark, as we must have a determining cause or immediate mechanism. As to the separation of the decidua being the cause of labor, I have proved this to be erroneous by post mortem in a case of extra-uterine pregnancy. The same is true as to the

fatty degeneration of the placenta. The true explanation I believe will be found in the peculiar rhythmical contraction of the pregnant uterus first pointed out by Dr. Braxton Hicks. These contractions occur throughout the entire course of pregnancy, and constitute the most certain and constant sign of pregnancy even as early as the third month. I can not, for an instant, admit that abortion or miscarriage occurs invariably at a period corresponding to a menstrual epoch. My experience has been altogether against this view.

USE OF ANTIPYRETICS IN FEVER.—In the discussion of a paper presented to the Society of Physicians of Vienna by Dr. Jaksch on the use of antipyretics in fever, Prof. Nothnagel (*Medical Times and Gazette*) protested against the tendency in practice to treat fever *à laint prix*. It is the custom when a practitioner is called to a case with a temperature of 101° , and no diagnosis can be made, to give quinine. This false and erroneous employment of quinine will in time be discontinued. The fever, according to the conviction of many observers, is a most beneficial phenomenon. The growth of the micro-organisms in infectious diseases being diminished by high temperature, we can not shorten the duration of an acute fever by diminishing the temperature. Accidents occurring during a febrile disease do not always depend on high temperature. Typhoid may run a non-febrile course without therapeutic measures, and nevertheless end fatally. A temperature of 102.5° does not require such treatment, nor does a temperature that does not exceed 104° injure the patient. We must protest against the administration of quinine when the temperature runs to 102° or 103° on the first day before any definite idea as to the disease process has been formed.

THE DANGERS OF LUNACY PRACTICE.—It were well that the traducers of that branch of the profession engaged in lunacy practice were to place themselves, if only in imagination, in the positions of anxiety and danger these gentlemen necessarily occupy, then peradventure some little consideration might be evoked in the midst of the abuse so ignorantly and underservedly poured forth. "All is not gold that glitters" is an axiom peculiarly fitting to the medical superintendents of asylums, whether public or private, a week scarcely passing that

one or other is not savagely attacked by patients under their charge. Last week it fell to the lot of Dr. Murray Lindsay, at the Derby Lunatic Asylum, to be thus singled out, who, as he was turning into one of the wards, was attacked with a chisel by a patient and seriously wounded in several parts. Dr. Lindsay has deservedly the reputation of the most benevolent treatment of patients, and this serious assault is the more regrettable, he having but a very short time since resigned medical charge of the Wondford Asylum and gone to Derby.—*London Medical Press*.

TESTS FOR THE PURITY OF MENTHOL.—Dr. A. B. Lyons, in the *Therapeutic Gazette*, says that menthol, either in crystals or pencils, may be tested by the melting point, as is shown by putting a little of the menthol in a watch-glass, floating on a water-bath, at a temperature of 115° F., in which it should be at once liquefied. This would show adulteration with wax, which melts at 140° to 150° F., but would not detect adulterants of lower melting points. By heating the watch-glass containing the sample to 212° F., until all volatile matter is driven off, the presence of fixed impurities will be shown. Salicin, an ingenious adulteration, can be recognized by its solubility, its bitterness, and the red color it gives with sulphuric acid. Pure menthol should be quickly and entirely soluble in alcohol.

ABSORBENT COTTON.—Mr. E. Poulsson, in the *American Journal of Pharmacy*, gives the following modified process for the preparation of absorbent cotton: Boil a kilogram of cotton (about 2 av. pounds) for half an hour in 4 liters (about 4½ qts.) of water containing 25 grams (about 6 drams) of caustic potash, then wash it till every trace of alkali is removed, squeeze it dry and steep it for fifteen or twenty minutes in a 5-per-cent solution of chlorinated lime. After being washed with a little water, the cotton is next dipped into water acidulated with hydrochloric acid, rinsed in fresh water, boiled again in alkaline water as at first and washed, then dipped into acidulated water, rinsed and dried.—*Weekly Drug News*.

GOLD MEDAL AWARDS TO UNITED STATES PRODUCTS AT INTERNATIONAL HEALTH EXHIBITION, LONDON, 1884.—Among the food products exhibited at the International

Health Exhibition, London, 1884, from the United States, were *Beef Peptonoids* and *Maltine*; both of these preparations carried off the only Gold Medal and highest award against numerous competitors in their respective classes. All food preparations were critically analyzed at this Exhibition by a jury composed of the best chemists in the country.—*London Lancet*.

PHOTOGRAPHING THE LARYNX.—Dr. T. R. French, Brooklyn, described a method of photographing the larynx at the meeting of International Medical Congress at Copenhagen. This, together with an illustration of the instrument used and some of the photographs obtained are published in *New York Medical Journal*. The camera used is small and attached to the laryngeal mirror. Sunlight, after refraction through a series of lenses, is the source of illumination. He claims that the method is of practical utility and must prove of great service in facilitating the study of the functional diseases of the larynx.

HOPS AND CIDER FOR THE RELIEF OF EXOPHTHALMIC GOITRE.—Before the Sheffield Medico-Chirurgical Society, November 20th, 1884 (*Medical Press*), Dr. Baldwin exhibited the man shown by him a year ago with this affection. He was then unable to lie down, and apparently was in a most critical condition. During the past summer he has been roughing it, hop gathering, etc., drank a quantity of cider, and is now much better, and able to lie down in moderate comfort.

JEQUIRITY SEEDS.—The *Can. Pharm. Journal* notes that Jequirity (*abrus precatorius*) seeds are reported by Messrs. Gehe to be in less demand than formerly, owing to the warning given by Dr. Vossius, that the application of the infusion to the eye is liable to produce permanent injury to vision.

The death of Professor Carl Vierordt, of Tübingen, is reported in the "*St. Petersburger Medicinische Wochenschrift*" as having taken place on the 22d of November, in the sixty-seventh year of his age, after a lingering illness.

The death of Professor von Wittich, of Königsberg, is announced in the "*Lancet*."

The Cremation Society of England announces that it is ready for work.

The Louisville Medical News.

Vol. XIX. SATURDAY, JANUARY 3, 1885. No. 1

H. A. COTTELL, M. D., - - - - - Editor.
J. MORRISON RAY, M. D., - - - Assistant Editor.

COLLABORATORS:

J. W. HOLLAND, A. M., M. D., E. R. PALMER, M. D.,
J. A. OSTERLONY, A. M., M. D.

A journal of Medicine, Surgery, and the Allied Sciences, published every Saturday. Price \$3.00 a year postage paid.

This journal is conducted in the interests of no school, society, or clique, but is devoted solely to the advancement of medical science and the promotion of the interests of the whole profession. The editors are not responsible for the views of contributors.

Books for review, and all communications relating to the columns of the journal, should be addressed to the EDITOR OF THE LOUISVILLE MEDICAL NEWS, LOUISVILLE, KY.

Subscriptions and advertisements received, specimen copies and bound volumes for sale by the undersigned, to whom remittances may be sent by postal money order, bank check, or registered letter. Address

JOHN P. MORTON & CO.,
440 to 446 West Main Street, Louisville, Ky.

1807. THEODORE STOUT BELL. 1884.

"Inasmuch as the soul is manifestly immortal, there is no release or salvation from evil except the attainment of the highest virtue and wisdom." *Socrates.*

"Whilst I study to find how I am a microcosm, or little world, I find myself something more than the great. There is surely a piece of divinity in us; something that was before the elements, and owes no homage unto the sun."—*Sir Thomas Browne.*

"Thou shalt come to thy grave in a full age, like as a shock of corn cometh in his season."—*Job v, 26.*

Last Sunday morning there died in Louisville a man whose years have bridged more than three quarters of a century, and whose ceaseless feet and tireless hands have left "footprints on the sands of time," or graven records upon its rocks, which shall long withstand the wearing waves of the incoming years.

Theodore S. Bell, the philanthropist, the physician, the philosopher, is no more.

Dr. Bell was born in Lexington, Ky., in 1807, of humble parents. Losing his father at an early age, he was put to work that his earnings might contribute to the support of his widowed mother. He began life as a newsboy, and early manhood found

him at work upon a tailor's bench. But here, amid such unfavorable surroundings, his love of learning asserted itself, and the struggles of the earnest boy, who fought the wolf of famine with his hands, while his heart and head were intent upon the acquisition of knowledge, bring to mind the fit words of Edward Holmes, who says, in commenting upon similar circumstances and heroic endeavor which marked the boyhood and youth of a famous old-world genius, "that such a career is hardly to be conceived unsupported by the consciousness of a great destiny and its secret sustainings from within." But happily he found at this time a friend in Mr. James Logue, a learned teacher, of Lexington, who foresaw a brilliant future for the young student, and kindly undertook to instruct him. The teacher, without pay, gave him his precious after-school hours, and Bell pursued with ardor his studies, in spite of the grim necessity which compelled him to work at his trade for from twelve to fourteen hours a day. Later the young man appears as the private student of the great Dr. Dudley, who found for him a way to enter the Transylvania University, then at the zenith of its glory. He graduated in medicine from this school in the spring of 1832, and soon thereafter took up his abode in Louisville. Here for more than fifty-two years he has lived and labored, to the credit of the city, the fame of medicine, and the glory of humanity.

It may be truthfully said that during the half century of his sojourn here no worthy event or institute—medical, religious, political, educational, or charitable—has been projected or brought to light which did not enlist his warm interest in its behalf or earnest labor for its success.

As noteworthy illustrations of this may be mentioned his efforts in securing, in 1837, the removal of the medical school of the University of Transylvania to this city, and his telling work in helping to establish the Kentucky Institute for the Education of the Blind.

From the first developed the University of Louisville, in which twenty years afterward he accepted the chair of the Theory and Practice of Medicine. From that time (with the exception of two or three years) until the day of his death the students of this institution have drawn lessons of priceless worth from his lectures, which, ever put in a plain and forcible manner, were strong in logic, profound in learning, and graceful through the ever-varied culture of the speaker.

The School for the Blind enjoyed for forty years his constant care. He watched over its sightless inmates with all the tender solicitude of a father, and many a soul doomed else by fate to grope its lifelong way through the world in total darkness found in him "eyes" by whose aid it might walk securely and catch glimpses of light and beauty from the scenes around.

Dr. Bell was a man of vast and varied learning, and a writer of peculiar grace and force. He was, in the earlier part of his career, associated with the elder Yandell and Henry Miller in the editorial management of the Western Journal of Medicine and Surgery, one of the first medical periodicals established in this country, and on the retirement of these gentlemen conducted the magazine for many years alone. Since his editorial retirement he has been a frequent contributor to current medical literature. His medical writings embrace a wide range of topics, but his favorite theme was hygiene and epidemic disease. In this department his studies had been most profound and searching. The Louisville Medical News, of 1883, contains his last contributions to medical literature. But medicine was only one item among many themes which engaged his ever-ready pen. He wrote extensively upon topics of general literary and scientific interest. He was an able reviewer and a first class general editor. His abilities in this direction were the admiration of George D. Prentice and other magnates of the press. From the beginning of the old

Louisville Journal, and after its consolidation with the Courier down to within a few weeks of his death, Dr. Bell was ever in some manner editorially identified with it. His writings if collected would make many volumes.

Dr. Bell was, in the true sense of the word, a Christian man. No life more fully than his illustrated the teachings of Jesus Christ. He sold all that he had and gave to the poor, and literally took no thought for the morrow, knowing that He who marks the fall of the sparrow and heeds the young raven's cry for food, would keep his covenant with his aged, faithful servant.

Dr. Bell lived alone, yet none knew better than he that it was not "solitude to be alone." Since the death of his most estimable wife, whom he lost more than twenty years ago, he had adopted this life as best fitted to his studious and meditative habits. He died alone and unattended, but this was as he wished to die. At least, it was his oft expressed desire that he might fall with the harness on. On the day before his death he was, though in very feeble health, attending to his practice, and on the morning when his dead body was found it was evident, from the condition of the room, that he had passed much of the night at his desk with his books, as was his wont.

This seeming austerity of manner argues none in heart. No man had more friends than Dr. Bell; no man loved his friends better than he, or was better loved in return by his friends. His death, although his span of life had measured almost the full limit of the Psalmist, carried sorrow to very many hearts, and seemed to awaken in the whole community the sense of an irreparable loss. Thousands thronged to view his body as it lay in state, and his obsequies were those of a patriarch.

DR. RICHARD C. BRANDEIS.

The mysterious disappearance of this well-known young physician from his accustomed haunts in New York City brings

sorrow to his many friends in this the home of his youth and the scene of his early professional labors.

On the 22d of December Dr. Brandeis left the New York Ophthalmic and Aural Institute, where he had made his usual daily rounds, and has since not been heard from.

Dr. Brandeis is the son of our esteemed citizen, Dr. Samuel Brandeis. He was a brilliant, prosperous, and successful physician, and singularly happy in his domestic relations. The only tenable theories in the case are that he may have been suffering from mental aberration, or that he has been foully dealt with. The worst is feared. The terrible suspense and deep sorrow which have prostrated his beloved father and family call forth the warmest sympathies of a host of friends.

THE NEW YEAR.

With this number the News enters its nineteenth volume and its tenth year.

In wishing his readers a Happy New Year, the editor owns a grateful sense of many kindnesses and courtesies received at their hands during the year that is past; and though keenly sensible of the great loss sustained by the journal and himself, through the death of its late brilliant senior editor, he is not cast down in finding himself confronted with promises which were destined never to be kept.

In the face of many difficulties he has striven to do his full duty, and is happy in the fact that his efforts have met with generous favor on every hand and have been rewarded with more than expected success. The journal enters upon its new year with its star of business prosperity in the ascendant and with its facilities for effective literary work much increased.

As a warrant for the latter part of this statement, a glance at the title-page will show that we have secured the services of an industrious and accomplished assistant editor and a staff of eminent collaborators.

Bibliography.

Lectures on some Important Points Connected with the Surgery of the Urinary Organs. By Sir H. THOMPSON, F.R.C.S. Philadelphia: P. Blakiston, Son, & Co. Students' cheap edition, cloth, \$1.25.

These six lectures were given at the Royal College of Surgeons in June, 1884, condensed reports of which appeared in the leading British medical journals. Tables, reports of cases, foot-notes, references, etc., have been added, and the lectures appear in print for the first time in a complete form. In these lectures the author treats of the following four subjects: Stricture of the Urethra; Prostatic Hypertrophy and its Concomitants; Vesical Hemorrhage, due chiefly to growths or tumors developed in the bladder, and Urinary Calculus. In the first lecture, internal urethrotomy is strongly insisted upon for all strictures which do not yield to the simpler treatment of dilatation by bougies. The author is a staunch advocate for a urethrotome which cuts from behind forward, and backs up his judgment by a very large experience. The chief interest in the lectures centers in the discussion on the diagnosis and treatment of vesical tumors, and in the results of more than eight hundred cases of stone in the bladder. The author has enjoyed unrivaled experience, and this volume will be of permanent value to the profession. Sir Henry Thompson has set an example, which might well be followed by other authors, of issuing cheap students' editions of his works.

J. B. M.

Permanganate of Potassium: its Uses and Abuses. By Roberts Bartholow, M.D., LL.D., Professor of Materia-Medica, General Therapeutics and Hygiene, in the Jefferson Medical College of Philadelphia, etc. Philadelphia Medical News. Reprint,

Irregular Contraction of the Uterus. By E. S. McKee, M.D., Cincinnati, Ohio, late Clinical Assistant to the Hospital for Sick Children, Great Ormond Street, London, England. Reprint. Columbus Medical Journal, December, 1884.

In these papers the author makes some valuable practical suggestions for the physician, and shows himself to be a careful and close student of ancient and modern medical literature.

Pyuria Pus in the Urine, and its Treatment; Comprising the Diagnosis and Treatment of Acute and Chronic Urethritis, Prostatitis, Cystitis, and Pyelitis, with especial reference to their local treatment. By Dr. Robert Ultzmann, Professor of Genito-Urinary Diseases in the Vienna Polyclinic. Translated by permission by Dr. Walter B. Platt, F. R. C. S. (Eng.), Demonstrator of Surgery in the University of Maryland; Visiting Surgeon to Bayview Hospital, Baltimore. New York: D. Appleton & Co., 1, 3, and 5 Bond Street. 1884.

A Hand-book of the Diseases of the Eye, and their Treatment. By Henry R. Swanzy, A. M., M. B., F. R. C. S. I., Surgeon to the National Eye and Ear Infirmary, Ophthalmic Surgeon to the Adelaide Hospital, Dublin; formerly assistant to the late Professor A. von Graefe, Berlin. With illustrations. New York: D. Appleton & Co., 1, 3, and 5 Bond Street. 1884.

Annual Report of the Surgeon-General, United States Army, 1884. R. Murray, M. D., Surgeon-General U. S. Army.

This pamphlet is an octavo of 49 pages. It is neat and unpretentious in appearance, rich in matter, and carefully condensed in text. The chief executive of the army medical department shows, by this report, that he does not favor the waste of ammunition in times of peace.

The Common School Laws of Kentucky. Edition prepared and published by the Superintendent of Public Instruction. Frankfort, Ky.: Kentucky Yeoman Office, S. I. M. Major, Public Printer, 1884.

This compilation is studiously and carefully made, and is by means of a well prepared index made fit to serve the needs of the educator as a book for ready reference.

Membrana Virginitatis. By E. S. McKee, M.D., late Clinical Assistant to the Hospital for Sick Children, Great Ormond Street, London, England. Reprint. Nashville Journal of Medicine and Surgery. November, 1884.

Biennial Report of the Alabama Insane Hospital at Tuskaloosa for the years ending 30th September, 1883 and 1884. P. Bryce, M. D., LL. D., Superintendent, Montgomery, Ala. W. D. Brown & Co., State Printers, etc. 1884.

This report is nothing less than a substantial contribution to psychiatry. It shows that the Alabama State Asylum is in first-class working order, while the results of the

measures inaugurated and carried forward by its able superintendent during the last twenty-five years, attest the wisdom of long terms of service for such as prove themselves worthy of the trust. Dr. Bryce retires from office, carrying with him the good wishes of all who know him, and leaves behind him a record of which himself, his friends, and his State may well be proud.

Societies.

MEDICAL SOCIETY OF LOUISVILLE.

Stated Meeting, December 18, 1884. F. C. Leber, M.D., President, in the chair.

Dr. Turner Anderson delivered an address on the treatment of typhoid fever. (See page 1.)

Dr. William Bailey opened the discussion by saying we should look for the causes of death to find that which is indicated for the proper management of the disease. About ten or fifteen per cent of all deaths are caused by lesions of the bowels, but the mortality in the great majority of cases is caused by debility of the heart, and exhaustion from the prolonged and elevated temperature. The same elevation of temperature would cause equal exhaustion in other diseases if it was as prolonged as in typhoid. The disease will run a certain course, and we have no power to shorten the time even one day, therefore our chief aim should be to lower temperature and support the powers till the crisis is reached. Take care of the digestive functions, and give as much food as the patient has power to assimilate. The cephalalgia, that is such a constant symptom during the first week, will usually disappear even without treatment during the second. He objects to giving opium and bromide potassium together, as one congests and the other blanches the brain. If the headache is caused from anemia of the brain, give opium alone, but bromide of potassium in those cases caused by the opposite condition. After the second week give alcohol, watching its effects closely so that too much may not be given. Water should be locally applied at the temperature most agreeable to the patient. A general bath may be given as often as need be; every hour if necessary. He prefers to place the patient in a warm bath, gradually adding cold water till the desired temperature is reached. He gives sulphate quinine

as an antipyretic, though it does not shorten the disease even one day; he uses it for the same purpose for which he employs water locally. When the temperature is 104° in the morning and higher in the evenings he would consider himself culpable if he did not use it. He gives it in the evening, a single dose of twenty grains. We give quinine in these doses in intermittent fever, why should we not in typhoid fever to lessen temperature? Alcohol is of the greatest benefit in encouraging a feeble heart to do its best.

Dr. J. M. Clemens, believing in the germ theory, considered the intestines a hot-bed for the multiplication of these germs, therefore he gave oil and turpentine; it not only served as a scavenger to the parts, but the turpentine acts directly upon the mucous membrane of the bowels, and is a germicide; he prescribes it in gtt. viiss to x, repeated every three hours, and continued for days or even weeks; from this treatment he had noticed less disturbance of the stomach and bowels, and less tympanites than from any other. As to the diet, he gave boiled milk with crackers, salt and pepper, and usually limits his patients to this diet; he did not give meat or meat juices, because he considered it had been proved that they were the best menstrua in which to propagate the germs. Alcohol, in the form of milk punch, is the best heart stimulant; the patient is able to take four times as much as when well—he had never seen bad results from its use; he prefers whisky, as wine may sour the milk if combined with it. He gave quinine in those cases where there was a high range of temperature, but not in as large doses as some recommended, never more than ten or fifteen grains at a single dose. To procure free elimination from the skin and kidneys he recommends hot drinks, milk, or if the patient can not take this, hot water in large quantities. From salicylate of soda he has had good results, but he does not give it in antipyretic doses, because of danger to the kidneys. He had given bichloride of mercury in 1-15-grain doses, every three hours, continued for some time without evil effect. When the kidneys are congested he gives infusion digitalis and acetate of potash as a diaphoretic. He uses jaborandi at times. Alcohol will counteract its depressing influence on the heart; he gives it, even when there is a weak heart, without bad results. He does not use the full length bath at 60° or 70° F., as some recommend, he prefers the water at 98° , gradually cooled to about 80° .

Dr. Anderson here inquired what had

been the main cause of death in Dr. Clemens cases, and what proportion of cases had been complicated with croupous pneumonia.

Dr. Clemens replied that, out of seventy-one cases he had attended since last July, he had five deaths; two caused from intestinal hemorrhage, one from intussusception, and one from perforation of the bowels. In the fifth case, there had been croupous pneumonia, but convalescence had set in, the menses not appearing at the regular time, the temperature rose with coma, followed by death. Nine out of ten cases of typhoid fever had cough from bronchial irritation.

Dr. Irwin thought that we should look at the disease as though nothing had ever been written on the subject save its pathological anatomy. Before prescribing medicines, if we at once arrive at the conclusion that we have to deal with an idiopathic inflammation of certain parts within the bowels giving rise to a fever corresponding with the severity of the local affection, we will have a clear view of its physical manifestations. Never mind its etiology, we know almost nothing about it. Let us dwell upon what we do know. The first thing to be done is to procure rest for the patient, then have the bowels evacuated by mild laxatives. Pain, diarrhea, and insomnia should be controlled by opiates. Small doses of opium will usually answer the purpose. A liberal supply of food, easy of digestion, should be given throughout the disease, and its digestion aided by some form of pepsine. Stimulants are not generally of benefit unless indicated by heart failure, then small quantities may be given to relieve the impending danger. Cold water, as much as the patient craves, should be given. Cold applications applied to the body do no good. On the contrary, they are unscientific and do harm by causing a contraction of the superficial capillaries, thus giving rise to increased pressure on the affected organs. The room should be well ventilated, linen kept clean, and all excrementitious matter should be removed, the vessels being disinfected by means of a solution of sulphate of copper or permanganate potash.

Dr. Allen Kelch reported a case complicated with croupous pneumonia. There were the usual phenomena up to the third week, when excessive diarrhea set in with involuntary passages from the bowels. He ordered three grains of opium to be injected into the intestines; from that time on patient began to improve, and eventually made a good recovery. J. C. McGUIRE, M. D.

Correspondence.

LONDON LETTER.

[FROM OUR SPECIAL CORRESPONDENT.]

The president and council of the British Medical Temperance Association have offered a prize of one hundred guineas for the best essay on the Physical and Moral Advantages of Total Abstinence from Intoxicating Liquors, to be competed for by medical students in the United Kingdom. The essays are to be sent in by March 31, 1885.

A tumor was successfully removed from the substance of the brain at the Hospital for Epilepsy and Paralysis, Regent's Park. The case is under the care of Dr. Hughes Bennett, who, having diagnosed an encephalic morbid growth of limited size and localized it in the upper part of the fissure of Rolando, requested a surgeon to trephine the skull over the suspected region. This was carried out by Mr. Rickman Godlee. A mass of glioma the size of a walnut was extracted from under the gray matter of the upper part of the ascending frontal convolution.

As a matter of "fashion," that is certainly a very queer whim that the Medical Officer of Health for Marylebone says has grown up in some of the more aristocratic quarters of London—it is becoming the fashion, he says, to have straw laid down in the streets for maladies neither serious nor likely to be aggravated by a little noise. The time was when a muffled road-way indicated something very serious, somebody perhaps lying dangerously ill, and to whom a noisy or a quiet road-way might make all the difference between life and death. In many parts of Marylebone, Mr. Blyth's monthly report says that this practice of laying down straw was last month so prevalent that letters were received at the Vestry Hall asking whether there was not some wide-spread epidemic. It is not to be supposed that "fashion" can be put down by a medical officer's report, and, though the Vestry may no doubt sometimes withhold the sanction necessary for a coating of straw, Marylebone will probably find means of having its way. Straw is objectionable, if not dangerous. It may be fired like a prairie plain on a small scale when dry, and when wet it soon becomes rotten and offensive, and in some measure prejudicial to the health of a neighborhood. There seems to

be an opening for commercial enterprise here. Who will provide a sound-deadener for roads which will not take fire or trample into a quagmire, or throw down horses? It will no doubt be more expensive than straw, but it will on that account be all the better adapted to purposes of ostentation, which no doubt have something to do with this growing fashion.

Mrs. Weldon, who is bringing action against the medical men who attempted to place her in an asylum, seems to have scared the whole medical profession. Doctors have become very wary about signing certificates of lunacy, and some inconvenience must have resulted from this in cases where certificates were urgently needed. But, on the whole, this will be a good thing if it leads to the reform of the lunacy laws. Certificates ought to be countersigned by a magistrate, or by some parochial lunacy doctor permanently appointed. This would cover the responsibility of doctors signing in good faith, and deter dishonest doctors from entering into conspiracies to shut up people who are not insane. The next step ought to be to place all asylums under State or county control. Persons who are proved to be dangerous to themselves or to others ought not to be intrusted to the care of private speculators. There may be exaggeration in some of the stories told about the irregularities of private asylums, but it is equally possible that some of the worst facts about certain of these places never come to light. As the law at present stands, a man need not be a doctor to get a license for keeping lunatics. It is enough that he should employ a doctor. The law again empowers nobody to see that the lunatic has food and accommodation suitable to the price which is paid for him, or that he gets the medical treatment adapted to his special malady. All this requires change.

M. Marey has drawn much attention lately to the "human walk." The most practical deduction from his earlier experiments was that low heels have a very favorable influence on the pace at which a person can walk. He has now found that the rhythm of the step has a very important influence on the speed. The rhythm was studied by means of an electric bell actuated by a pendulum of variable length, to enable the subject to keep exact time, and the distance traveled was recorded on the podograph by electric signals sent along a wire at every fifty meters traversed. M. Marey finds that the length of the step in-

creases little until sixty-five steps per minute are taken; it then increases until seventy-five steps are taken, and afterward decreases as a higher rhythm is reached. The speed of travel increases with the acceleration of the rhythm up to eighty-five steps per minute, then decreases at higher rhythms.

Dr. Andrew Wilson has in preparation "An Elementary Manual of Health-Science," adapted for teachers and others, and written conformably to the requirements of the examination in hygiene of the Science and Art Department.

The first of a series of popular lectures upon the subject of precautions, local and personal, to be taken against cholera, was delivered at the Parkes Museum of Hygiene by Mr. Ernest Hart, Chairman of the National Health Society, who treated the subject in its national and international aspect. Director-General Crawford, of the Army Medical Staff, presided. The lecturer, having sketched the history of international law and custom on the subject, maintained that quarantine had proved useless and mischievous; it had never kept cholera out of any European country, or confined it to any district. Referring to the epidemics at Toulon, Marseilles, and elsewhere, he pointed out that those towns which had invited cholera by their neglect of the first laws of sanitation had suffered the most severely. Rome, with its pure supply of water and its relatively efficient drainage, had remained free from cholera, while Naples, with its ground-soil impregnated with sewage, and its filthy habitations and polluted water-supply, had suffered most lamentable losses. He believed that the recent outbreak in Paris was due to the temporary supply of a highly polluted water to various districts. It had been repeatedly demonstrated that the incidence of cholera was in exact proportion to the pollution of the water-supply and the absence of means of carrying off refuse. Cleanliness, in its fullest, widest, scientific, and municipal sense, was the prime element of safety.

Dr. Henry Lansdell, who recently printed some jottings relating to his 12,000-miles journey in Russian Central Asia, has in hand a fuller account of his journey, detailing his experiences in Kuldja, Merve, Khiva, and other tracts outside regular traveled routes.

In an action brought by Mr. Fleet, an owner of property at Dareuth, Kent, against the Metropolitan Asylums Board, to restrain the continuance of a smallpox convalescent

camp situated within seven hundred yards of his house, it was decided that under the present excellent management of the camp no real danger to health existed, and the action was accordingly dismissed, with costs.

LONDON, DECEMBER, 1884.

COCA IN ATROPHY OF THE RETINA.

Editor Louisville Medical News:

William Tracie, white, aged forty, was for two months under treatment in the eye and ear ward of the Louisville City Hospital for so-called atrophy of the retina. His sight had uniformly improved under the use of strychnia hypodermically. Beginning with one forty-eighth of a grain, the dose was progressively increased until a twelfth of a grain was given morning and night. Upon the plea of business he was allowed to leave the hospital, with the promise of returning in a few hours. He stayed away for several days, and was finally returned to the hospital with a well-marked delirium tremens, his impairment of vision having increased under the dissipation.

According to my custom in dealing with such cases, he was put on dram-doses of the fluid extract of coca, administered every two hours. At the end of twenty-four hours he called attention to a marked improvement in his sight. The drug has been continued, and his sight is improving much faster under its use than it did while he was taking the strychnia.

From the foregoing it would seem that coca is likely to do good service as a substitute for strychnia in the eye diseases arising from the abuse of whisky and tobacco.

It is my hope that the profession may be encouraged by this favorable report to give the drug further trial in eye troubles characterized by impairment of vision, and especially in that affection which is called by the Germans atrophy of the retina.

EWING MARSHALL, M. D.,

Resident Physician Louisville City Hospital.

Selections.

THE HISTORY OF BLOOD-LETTING.—At the meeting of the Abernethian Society (St. Bartholomew's Hospital), on Thursday, November 20th, Mr. Brinton briefly sketched the history of blood-letting:

The first recorded case was one which

occurred at the close of the Trojan war, and is referred to in the works of one Stephanus, of Byzantium. The origin of the practice was attributed by Pliny to the hippopotamus of the Nile. The words of the translation of Philemon Holland (A.D. 1601) were given in their entirety. A short account of some of the views of Galen on the subject was given, and it was shown what opposition his views on the subject of blood-letting called forth, chiefly from the blind followers of Erasistratus, who preceded him by about four hundred years. The change of practice which has recently taken place was shown to be due, (1) To the discovery of chloroform, which, in many surgical cases does that which before could only have been accomplished by copious depletion; (2) to a more inquiring mind, which began by trying the experiment of watching the natural history of those diseases which previously had been treated by bleeding according to tradition. The author disclaimed any such excuse for its discontinuance as that occasionally brought forward, viz., change of type of disease as well as of mankind. He would discuss blood-letting chiefly in respect of the treatment of uremic, puerperal, and epileptic convulsions, apoplexy, bronchitis, dilation of the right heart from valvular diseases, pneumonia, and thoracic aneurism. The utility of the practice in most of the diseases was illustrated by cases. With regard to uremia, cases showed that blood-letting had a marked action in reducing the amount of albumen present in the urine. In one case the total amounts of albumen in the urine, of two periods of twelve hours, immediately before and immediately after venesection, were seventy-five and thirty grains respectively. Recorded cases also showed that it was often called for and successfully practiced in puerperal eclampsia. Two cases were brought forward illustrating this. In apoplexy it might be called for during the period of reaction, never before—the guide to the condition of the artery in the brain being the state of tension of the pulse of the wrist. Any lowering of tension of the arterial system might allow the formation of a clot in the ruptured artery and check the increase in amount of the effused blood. Allowing that in apoplexy there was cerebral anemia, the only effect which a rapidly increasing effusion of blood would have must be increasing strangulation of the circulation of the parts near it, and limiting the effusion would tend to prevent in-

crease of strangulation. In diseases of the valves of the heart leading to a dilated right ventricle general bleeding, when other remedies had been tried and had failed, was of signal service. In these cases the effect was simply mechanical, and an irregular and empty pulse was the indication for blood-letting. This application of blood-letting was quite in antagonism to older teaching, inasmuch as formerly it was practiced when there was an "inflammatory" pulse, mainly with the object of limiting the inflammatory process. In some cases of pneumonia, when, about the time of the crisis, there were signs of a failing heart, blood-letting should be cautiously tried, as in cases of this kind the cause of the failure is obstruction between the right and left sides of the heart, leading to an impossibility of the right side drawing enough blood to fill the arterial system. Bleeding in bronchitis with the same object, viz., that of relieving the right side of the heart, was often necessary, and should be done without regard to the tumultuous and irregular action of the heart, as this was due to the causes mentioned above. In the treatment of thoracic aneurism bleeding has undoubtedly prolonged life. A case was quoted in which a man had an aneurismal swelling on the front of the chest, absorbing the costal cartilages and ribs, for fifteen years; he died at the age of sixty five, having been bleed over one hundred and sixty times. With regard to local blood-letting by leeches, the indication for its use was pain, such as the pain in a dry pleurisy or in cases of perityphlitis. In conclusion, the precautions necessary in the operation were briefly mentioned, and it was pointed out that in many cases in which bleeding was necessary the cutaneous veins of the arm were impracticable, owing to deficient circulation through the limb. In these cases the external jugular was always available.—*Medical Press and Circular.*

CARBOLIZED WATER TO PREVENT SHOCK IN LITHOLOPAXY. Dr. Edmund Andrews, Professor of Clinical Surgery in Chicago Medical College, presented to the Section of Surgery and Anatomy of American Medical Association, May, 1884, the following (Journal of the A. M. A.): The power of carbolic acid to benumb the sensibility of the nerves, when applied locally, is well known. For several years I have acted on this hint in the new operation of litholopaxy, with the view of blunting the

impressibility of the urethral and vesical nerves, so as to make them tolerate the prolonged use of instruments without shock. For this purpose I provide a large supply of warm carbolized water, of the strength of from $1\frac{1}{2}$ to 2 per cent, and use this exclusively, both to distend the bladder during the crushing of the stone and to wash out the fragments. The result is so gratifying that I can not but attach great value to this method. I have tried it in nineteen cases, with only one death. The patients averaged nearly sixty years of age, and most of the stones were large. One patient of the age of sixty-nine years, with a stone weighing two and half ounces, was under the operation for about an hour and a half. There was not even a chill following this severe procedure, and he recovered without a single dangerous symptom.

One stone in a young man was oxalate of lime and over an inch in diameter, and so hard that the first fracture required nearly the entire strength of my hands. He recovered without difficulty, and walked about town in eight days. Other cases were equally striking.

The acid seems to act favorably by blunting the nervous susceptibility to shock, and also by leaving the bladder in a thoroughly antiseptic condition, highly favorable for preventing inflammatory action.

BACILLI IN SYPHILIS.—The discovery of bacilli in syphilitic lesions is announced by Dr. Lustgarten (*Wien. Med. Wochensh.*) His researches, which were made in Weigert's laboratory, at Leipsic, consisted in a special method of preparation and staining of sections of primary chancres and a gumma. In all were found, isolated or in small groups, slender, straight, or slightly curved bacilli, much resembling tubercle bacilli. The organisms were imbedded within swollen lymphoid cells, and exhibited transparent spots which resembled the "spores" of Koch's tubercle bacillus.—*Lancet*.

ABSCESS OF THE STOMACH.—A man, aged forty-five, had always suffered from dyspepsia from overeating and drinking (*Annali Universali di Medicina*, December, 1883). Symptoms of chronic gastritis, hematemesis, increase of volume of the stomach lasted a long while. No tumor could be found. The temperature was always subnormal. At the necropsy extensive adhesion of the stomach to the neighboring viscera was found, with general and intense hypertro-

phy of its walls, and great dilatation, the capacity being 4,000 cubic centimeters. The pyloric orifice was not narrowed. There were epithelial abrasions but no signs of ulcer. On the posterior wall near the pylorus an oval fluctuating swelling was noticed, thirteen centimeters long by eight broad; on opening this, 300 cubic centimeters of pus escaped. The abscess was situated in the submucous cellular tissue, between the mucous and muscular coats. No other alteration worthy of notice was found in the other viscera. Dr. Testi's paper, which is a very long one, enters fully into the history of this rare disease, and is completed by a bibliographical list of authorities.—*London Medical Record*.

HYDROCHLORATE OF PAREIRINE.—In an interesting memoir on the therapeutic value of certain drugs contained in the Brazilian Pharmacopœia, M. Ferreira has drawn attention to the value of hydrochlorate of pareirine in the treatment of cases of paludism which prove refractory to the use of quinine. The dose of two grams a day of the salt is proposed for chronic cases dependent on latent ague, and the dose may be doubled where the acute stages have to be dealt with.—*Lancet*.

CARBOLIC ACID IN AGUE.—The recommendation of a more frequent trial of subcutaneous injections of a one-per-cent solution of carbolic acid was made recently by M. Dieulafoy at the Société Médicale des Hôpitaux. He had employed the method in an obstinate case of tertian ague. The remedy, which is by no means new, is employed twice or thrice daily, in doses of from two to three centigrams, of the solution above indicated.—*Lancet*.

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes in the Stations and Duties of Medical Officers serving in the Medical Department of the United States Army, December 21, 1884, to December 27, 1884.

McPartlin, Thomas A., Lieutenant-Colonel and Assistant Medical Purveyor, granted leave of absence for three months, on surgeon's certificate of disability. (S. O. 301, A. G. O., December 24, 1884.) *Johnson, Henry*, Captain and Medical Storekeeper, directed, in addition to his present duties, to perform the duties of Assistant Medical Purveyor in New York City. (S. O. 301, A. G. O., December 24, 1884.) *Wales, P. G.*, First Lieutenant and Assistant Surgeon, relieved from duty Department of Colorado, and ordered to Department Arizona. (S. O. 128, Division Pacific, December 17, 1884.)